



**PHIL BREDESEN**  
GOVERNOR

STATE OF TENNESSEE  
**DEPARTMENT OF EDUCATION**  
DIVISION OF SPECIAL EDUCATION  
5<sup>TH</sup> FLOOR, ANDREW JOHNSON TOWER  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-0380

**LANA C. SEIVERS, Ed.D.**  
COMMISSIONER

**COMPREHENSIVE PLAN FOR PROVIDING  
SPECIAL EDUCATION SERVICES  
FOR SCHOOL YEAR 2004-2005**

Tennessee Code Annotated §49-10-302  
Public Law 94-142, as amended  
Public Law 99-457- §619, as amended

TO BE COMPLETED BY LOCAL SCHOOL SYSTEM

<b>Part I Statistical Information</b>	<b>July 1, 2004 – September 30, 2005</b>
<b>Part II Additional and Preschool Information</b>	<b>July 1, 2004 – September 30, 2005</b>
<b>Part III Compliance Assurance</b>	<b>July 1, 2004 – September 30, 2005</b>
School System: _____	
Director of Schools: _____	
_____	_____
Signature	Date
E-Mail Address: _____	
Name of Program Contact Person: _____	
E-Mail Address: _____	
Address: _____	Telephone No.: _____
_____	
System's Total Net Enrollment for 2003-2004: _____	

TO BE COMPLETED BY THE STATE DEPARTMENT OF EDUCATION

Amount of IDEA, Part B Funds Approved:	\$ _____
Amount of Preschool Grant Funds Approved:	\$ _____
Capacity Building Sliver Grant:	\$ _____
Other (Specify): _____	\$ _____
_____	
Signature (Authorized State Department of Education Official)	Date

**Must be submitted to your Management Consultant by July 1, 2004.**

**PART I**  
**STATISTICAL INFORMATION**  
**SCHOOL YEAR 2004-2005**

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## INSTRUCTION TO OPEN FINANCIAL INFORMATION PAGES

1. Double click inside the Financial Page and it will turn into an Excel worksheet.
2. Enter information and formulas will calculate totals.
3. Before closing the Excel worksheet, hold down the Ctrl key and hit the Home key; otherwise worksheets may not print out properly.
4. Click outside the worksheet and the Excel worksheet will return to the Word document.
5. **Save As** and **Rename** the document to save to a disk or on your hard drive; otherwise, it will not save entries since it is a READ ONLY document.

### **Note:**

You may have to use the scroll bar in Word. If you do, scroll slowly.

Ignore the Word background while you are in the Excel Worksheet. The page will go back into the original position and print out correctly when you click inside the Word document.

## CHILDREN WITH DISABILITIES TO RECEIVE FREE APPROPRIATE PUBLIC EDUCATION SERVICES FROM THE SCHOOL SYSTEM

This table should reflect those children the school system **may** provide services to during the 2004-05 school year. Report children by the primary disability on Tables A and B. If a child has more than one disability, report him/her under the condition considered to be the major disability. **This is an unduplicated count** so each child should be reported only one time. These numbers are estimates based on current knowledge and data; you may refer to Table 1 of your last End of Year report when completing these two tables. .

### INSTRUCTIONS:

- 1 Within School System - Provide the number by the primary disability of the eligible children by age category who are to receive special education services within the school system.
- 2 Contractual Arrangements - Provide the number by disability of the eligible children by age category who are to be provided full-time special education services through contractual arrangement with another school system, a private school, or a public agency. **All contracts for full time special education placements must be approved annually by the state Commissioner of Education. No LEA shall expend state funds for contracted placements that have not been approved by the Commissioner.** Attach contracts for the students listed. Any additional contracts for full time placement made during the school year shall be submitted within 30 days of the placement to your Management Consultant
- 3 Total to Receive Free Appropriate Public Education Services - Total of all students who are to be provided special education services by the school system directly (Column 1) or through contractual arrangement (Column 2) by age category. **This includes students who will turn 22 during the school year.**
- 4 Number to Receive Special Transportation – Provide a count by age, category and disability of eligible children who are to be provided special transportation.
- 5 Private School Children Placed by LEA –  
Number Enrolled – Provide the number by disability of eligible children who may be enrolled by LEA in private schools within the boundaries of the school system and may be provided special education services by the school system. Students reported here would also be reported in Columns 1 or 2 and 3.
- 6 Private School Children Placed by Parents –
  - a. Number Enrolled – Provide the number by disability of eligible children who may be enrolled by parents' choice in private schools within the boundaries of the school system.
  - b. Number Served – Provide the number by disability of eligible children who may be enrolled by parents' choice in private schools within the boundaries of the school system and may be provided special education services by the school system. Students reported here would also be reported in Columns 1 or 2 and 3.

Authority: TRR-0520-1-3-.09 (3)(c)  
P. L. 94-142 Section 300.227  
P. L. 99-457 Section 619

**A. Children With Disabilities To Receive  
Free Appropriate Public Education Services from the School System  
2004-2005**

DISABILITY	(1) Within School System		(2) Contractual Agreement		(3) Total to Receive FAPE		(4) # Receiving Special Transportation		(5) # Private School Students Placed by LEA Receiving Services		(6a) # Private School Students Placed by Parents		(6b) # Of Private School Students (6a) Served by LEA This School Year	
	3-5	6-21	3-5	6-21	3-5	6-21	3-5	6-21	3-5	6-21	3-5	6-21	3-5	6-21
Autism					0	0								
Blind					0	0								
Deaf-Blindness					0	0								
Deafness					0	0								
Developmental Delay					0	0								
Emotional Disturbance					0	0								
Hearing Impairments					0	0								
Intellectually Gifted					0	0								
Language Impairments					0	0								
Mental Retardation					0	0								
Multiple Disabilities					0	0								
Orthopedic Impairments					0	0								
Other - Functional Delay					0	0								
Other - Health Impairments					0	0								
Specific Learning Disabilities					0	0								
Speech Impairment					0	0								
Traumatic Brain Injury					0	0								
Visual Impairments					0	0								
<b>TOTAL</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**Grand Total      0**

**B. OPTIONS TO BE PROVIDED\*****1. AGES 3 – 5**

DISABILITY	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	OPTION 6	OPTION 7	OPTION 8**	OPTION 9	OPTION 10	TOTAL
Autism											0
Blind											0
Deaf-Blindness											0
Deafness											0
Developmental Delay											0
Emotional Disturbance											0
Hearing Impairments											0
Intellectually Gifted											0
Language Impairments											0
Mental Retardation											0
Multiple Disabilities											0
Orthopedic Impairments											0
Other - Functional Delay											0
Other - Health Impairments											0
Specific Learning Disabilities											0
Speech Impairment											0
Traumatic Brain Injury											0
Visual Impairments											0
<b>TOTAL</b>	0	0	0	0	0	0	0	0	0	0	0

\* This is a **duplicated count** and should reflect both primary and one secondary option of service.

\*\*Since Option 8 includes 2 related services, students reported in Option 8 should not be reported in another Option.

Report services by primary disabilities.

**NOTE:** This report can be generated by requesting the options of service report on your D & A program.

**Do not place 0's in columns with no students.**

**B. OPTIONS TO BE PROVIDED\***  
**2. AGES 6 -21**

DISABILITY	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	OPTION 6	OPTION 7	OPTION 8**	OPTION 9	OPTION 10	TOTAL
Autism											0
Blind											0
Deaf-Blindness											0
Deafness											0
Developmental Delay											0
Emotional Disturbance											0
Hearing Impairments											0
Intellectually Gifted											0
Language Impairments											0
Mental Retardation											0
Multiple Disabilities											0
Orthopedic Impairments											0
Other - Functional Delay											0
Other - Health Impairments											0
Specific Learning Disabilities											0
Speech Impairment											0
Traumatic Brain Injury											0
Visual Impairments											0
<b>TOTAL</b>	0	0	0	0	0	0	0	0	0	0	0

\* This is a **duplicated count** and should reflect both primary and one secondary options of service.

\*\*Since Option 8 includes 2 related services, students reported in Option 8 should not be reported in another Option.  
 Report services by primary disabilities.

**NOTE:** This report can be generated by requesting the options of service report on your D & A program.

**Do not place 0's in columns with no students.**

## C. FINANCIAL INFORMATION

**1. Detailed Expenditure Estimates**  
**Education for Students with Disabilities**

ACCOUNT NO.	EXPENDITURES	GENERAL PURPOSE FUND	*FTE Positions	IDEA PART B	*FTE Positions	PRESCHOOL GRANT	*FTE Positions
	INSTRUCTION (71000) ALTERNATIVE INSTRUCTION PROGRAM (71150)						
71150 116	Teachers						
71150 117	Career Ladder Program		XXXXXXXX		XXXXXXXX		XXXXXXXX
71150 127	Career Ladder Extended Contracts		XXXXXXXX		XXXXXXXX		XXXXXXXX
71150 128	Homebound Teachers						
71150 162	Clerical Personnel						
71150 163	Educational Assistants						
71150 189	Other Salaries & Wages						
71150 195	Substitute Teachers		XXXXXXXX		XXXXXXXX		XXXXXXXX
71150 201	Social Security		XXXXXXXX		XXXXXXXX		XXXXXXXX
71150 204	State Retirement		XXXXXXXX		XXXXXXXX		XXXXXXXX
71150 206	Life Insurance		XXXXXXXX		XXXXXXXX		XXXXXXXX
71150 207	Medical Insurance		XXXXXXXX		XXXXXXXX		XXXXXXXX
71150 208	Dental Insurance		XXXXXXXX		XXXXXXXX		XXXXXXXX
71150 210	Unemployment Compensation		XXXXXXXX		XXXXXXXX		XXXXXXXX
71150 212	Employer Medicare		XXXXXXXX		XXXXXXXX		XXXXXXXX
71150 299	Other Fringe Benefits		XXXXXXXX		XXXXXXXX		XXXXXXXX
71150 311	Contracts with other School Systems						
71150 336	Maintenance And Repair Services - Equipment		XXXXXXXX		XXXXXXXX		XXXXXXXX
71150 350	Contracts for Substitute Teachers						
71150 356	Tuition		XXXXXXXX		XXXXXXXX		XXXXXXXX
71150 399	Other Contracted Services						
71150 429	Instructional Supplies & Materials		XXXXXXXX		XXXXXXXX		XXXXXXXX
71150 449	Textbooks		XXXXXXXX		XXXXXXXX		XXXXXXXX
71150 499	Other Supplies & Materials		XXXXXXXX		XXXXXXXX		XXXXXXXX
71150 535	Fee Waivers						
71150 599	Other Charges (Specify)						
71150 790	Other Equipment		XXXXXXXX		XXXXXXXX		XXXXXXXX
<b>71150</b>	<b>TOTAL EXPENDITURES</b>	<b>0</b>	<b>XXXXXXXX</b>	<b>0</b>	<b>XXXXXXXX</b>	<b>0</b>	<b>XXXXXXXX</b>

Special Education Expenses Only

\*FTE Positions: Full time equivalency – **use two decimals.**Line item substitutions or additions shall NOT be made.

All personnel must be verified with budget allocation. Do not put numbers in XXX blocks.

**ROUND TO NEAREST DOLLAR**



## C. FINANCIAL INFORMATION

1. Detailed Expenditure Estimates  
Education for Students with Disabilities

ACCOUNT NO	EXPENDITURES INSTRUCTION (71000) SPECIAL EDUCATION PROGRAM (71200)	GENERAL PURPOSE FUND	*FTE Positions	IDEA PART B	*FTE Positions	PRESCHOOL GRANT	*FTE Positions
71200 116	Teachers						
71200 117	Career Ladder Program		XXXXXXXX		XXXXXXXX		XXXXXXXX
71200 127	Career Ladder Extended Contracts		XXXXXXXX		XXXXXXXX		XXXXXXXX
71200 128	Homebound Teachers						
71200 162	Clerical Personnel						
71200 163	Educational Assistants						
71200 189	Other Salaries & Wages						
71200 195	Substitute Teachers		XXXXXXXX		XXXXXXXX		XXXXXXXX
71200 201	Social Security		XXXXXXXX		XXXXXXXX		XXXXXXXX
71200 204	State Retirement		XXXXXXXX		XXXXXXXX		XXXXXXXX
71200 206	Life Insurance		XXXXXXXX		XXXXXXXX		XXXXXXXX
71200 207	Medical Insurance		XXXXXXXX		XXXXXXXX		XXXXXXXX
71200 208	Dental Insurance		XXXXXXXX		XXXXXXXX		XXXXXXXX
71200 210	Unemployment Compensation		XXXXXXXX		XXXXXXXX		XXXXXXXX
71200 212	Employer Medicare		XXXXXXXX		XXXXXXXX		XXXXXXXX
71200 299	Other Fringe Benefits		XXXXXXXX		XXXXXXXX		XXXXXXXX
71200 310	Contracts With Other Public Agencies						
71200 311	Contracts With Other School Systems						
71200 312	Contracts With Private Agencies						
71200 336	Maintenance And Repair Services - Equipment		XXXXXXXX		XXXXXXXX		XXXXXXXX
71200 350	Contracts for Substitute Teachers						
71200 356	Tuition		XXXXXXXX		XXXXXXXX		XXXXXXXX
71200 399	Other Contracted Services						
71200 429	Instructional Supplies & Materials		XXXXXXXX		XXXXXXXX		XXXXXXXX
71200 449	Textbooks		XXXXXXXX		XXXXXXXX		XXXXXXXX
71200 499	Other Supplies & Materials		XXXXXXXX		XXXXXXXX		XXXXXXXX
71200 535	Fee Waivers						
71200 599	Other Charges ( <b>Specify</b> )						
71200 725	Special Education Equipment		XXXXXXXX		XXXXXXXX		XXXXXXXX
99100 590	Indirect Cost – <b>Specify Rate:</b> %		XXXXXXXX		XXXXXXXX		XXXXXXXX
<b>71200 &amp; 99100</b>	<b>TOTAL EXPENDITURES</b>	0	XXXXXXXX	0	XXXXXXXX	0	XXXXXXXX

Special Education Expenses Only

NOTE: You must subtract equipment from all budget codes prior to  
computing Indirect Cost\*FTE Positions: Full time equivalency – **use two decimals**.Line item substitutions or additions shall NOT be made.

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**ROUND TO NEAREST DOLLAR**

## C. FINANCIAL INFORMATION (Continued)

1. Detailed Expenditure Estimates  
Education for Students with Disabilities

ACCOUNT NO.	EXPENDITURES	GENERAL PURPOSE FUND	*FTE Positions	IDEA PART B	*FTE Positions	PRESCHOOL GRANT	*FTE Positions
	<b>SUPPORT SERVICES (72000) STUDENTS (72100)</b>						
	<b>HEALTH SERVICES (72120)</b>						
72120 131	Medical Personnel (Nurses, PT)						
72120 189	Other Salaries & Wages						
72120 201	Social Security		XXXXXXXX		XXXXXXXX		XXXXXXXX
72120 204	State Retirement		XXXXXXXX		XXXXXXXX		XXXXXXXX
72120 206	Life Insurance		XXXXXXXX		XXXXXXXX		XXXXXXXX
72120 207	Medical Insurance		XXXXXXXX		XXXXXXXX		XXXXXXXX
72120 208	Dental Insurance		XXXXXXXX		XXXXXXXX		XXXXXXXX
72120 210	Unemployment Compensation		XXXXXXXX		XXXXXXXX		XXXXXXXX
72120 212	Employer Medicare		XXXXXXXX		XXXXXXXX		XXXXXXXX
72120 299	Other Fringe Benefits		XXXXXXXX		XXXXXXXX		XXXXXXXX
72120 336	Maintenance & Repair Services-Equipment		XXXXXXXX		XXXXXXXX		XXXXXXXX
72120 355	Travel		XXXXXXXX		XXXXXXXX		XXXXXXXX
72120 399	Other Contracted Services						
72120 413	Drugs & Medical Supplies		XXXXXXXX		XXXXXXXX		XXXXXXXX
72120 499	Other Supplies & Materials		XXXXXXXX		XXXXXXXX		XXXXXXXX
72120 524	In-Service/Staff Development		XXXXXXXX		XXXXXXXX		XXXXXXXX
72120 599	Other Charges ( <b>Specify</b> )						
72120 735	Health Equipment		XXXXXXXX		XXXXXXXX		XXXXXXXX
<b>72120</b>	<b>TOTAL EXPENDITURES</b>	<b>0</b>	<b>XXXXXXXX</b>	<b>0</b>	<b>XXXXXXXX</b>	<b>0</b>	<b>XXXXXXXX</b>

Special Education Expenses Only

\*FTE Positions: Full time equivalency – **use two decimals**.Line item substitutions or additions shall NOT be made.

All personnel must be verified with budget allocation. Do not put numbers in XXX blocks.

**ROUND TO NEAREST DOLLAR**

## C. FINANCIAL INFORMATION (Continued)

1. Detailed Expenditure Estimates  
Education for Students with Disabilities

ACCOUNT NO.	EXPENDITURES	GENERAL PURPOSE FUND	*FTE Positions	IDEA PART B	*FTE Positions	PRESCHOOL GRANT	*FTE Positions
	SUPPORT SERVICES (72000)						
	STUDENTS (72100)						
	OTHER STUDENT SUPPORT (72130)						
72130 117	Career Ladder Program		XXXXXXXX		XXXXXXXX		XXXXXXXX
72130 123	Guidance Personnel						
72130 124	Psychological Personnel						
72130 127	Career Ladder - Extended Contracts		XXXXXXXX		XXXXXXXX		XXXXXXXX
72130 130	Social Workers						
72130 135	Assessment Personnel						
72130 161	Secretary(s)						
72130 162	Clerical Personnel						
72130 164	Attendants						
72130 170	School Resource Officers						
72130 189	Other Salaries & Wages						
72130 201	Social Security		XXXXXXXX		XXXXXXXX		XXXXXXXX
72130 204	State Retirement		XXXXXXXX		XXXXXXXX		XXXXXXXX
72130 206	Life Insurance		XXXXXXXX		XXXXXXXX		XXXXXXXX
72130 207	Medical Insurance		XXXXXXXX		XXXXXXXX		XXXXXXXX
72130 208	Dental Insurance		XXXXXXXX		XXXXXXXX		XXXXXXXX
72130 210	Unemployment Compensation		XXXXXXXX		XXXXXXXX		XXXXXXXX
72130 212	Employer Medicare		XXXXXXXX		XXXXXXXX		XXXXXXXX
72130 299	Other Fringe Benefits		XXXXXXXX		XXXXXXXX		XXXXXXXX
72130 309	Contracts with Government Agencies		XXXXXXXX		XXXXXXXX		XXXXXXXX
72130 311	Contracts with other School Systems		XXXXXXXX		XXXXXXXX		XXXXXXXX
72130 322	Evaluation & Testing (Contracts)						
72130 336	Maintenance & Repair Services-Equip		XXXXXXXX		XXXXXXXX		XXXXXXXX
72130 355	Travel		XXXXXXXX		XXXXXXXX		XXXXXXXX
72130 399	Other Contracted Services						
72130 499	Other Supplies & Materials		XXXXXXXX		XXXXXXXX		XXXXXXXX
72130 524	In-service/Staff Development		XXXXXXXX		XXXXXXXX		XXXXXXXX
72130 599	Other Charges (Specify)						
72130 790	Other Equipment		XXXXXXXX		XXXXXXXX		XXXXXXXX
72130	TOTAL EXPENDITURES	0	XXXXXXXX	0	XXXXXXXX	0	XXXXXXXX

Special Education Expenses Only

\*FTE Positions: Full time equivalency – use two decimals.

Line item substitutions or additions shall NOT be made.

All personnel must be verified with budget allocation. Do not put numbers in XXX blocks.

**ROUND TO NEAREST DOLLAR**

## C. FINANCIAL INFORMATION (Continued)

1. Detailed Expenditure Estimates  
Education for Students with Disabilities

ACCOUNT NO.	EXPENDITURES	General Purpose Fund	*FTE Positions	IDEA Part B	*FTE Positions	Preschool Grant	*FTE Positions
	<b>SUPPORT SERVICES (72000)</b>						
	<b>INSTRUCTIONAL STAFF (72220)</b>						
	<b>ALTERNATIVE INSTRUCTION PROGRAM (72215)</b>						
72215 105	Supervisor/Director						
72215 117	Career Ladder Program		XXXXXXXX				XXXXXXXX
72215 123	Guidance Personnel						
72215 127	Career Ladder Extended Contracts		XXXXXXXX				XXXXXXXX
72215 129	Librarian(s)						
72215 138	Instructional Computer Personnel						
72215 161	Secretary(s)						
72215 162	Clerical Personnel						
72215 163	Educational Assistants						
72215 189	Other Salaries & Wages						
72215 196	In-Service Training		XXXXXXXX				XXXXXXXX
72215 201	Social Security		XXXXXXXX				XXXXXXXX
72215 204	State Retirement		XXXXXXXX				XXXXXXXX
72215 206	Life Insurance		XXXXXXXX				XXXXXXXX
72215 207	Medical Insurance		XXXXXXXX				XXXXXXXX
72215 208	Dental Insurance		XXXXXXXX				XXXXXXXX
72215 210	Unemployment Compensation		XXXXXXXX				XXXXXXXX
72215 212	Employer Medicare		XXXXXXXX				XXXXXXXX
72215 299	Other Fringe Benefits		XXXXXXXX				XXXXXXXX
72215 311	Contracts with Other School Systems						
72215 336	Maintenance & Repair Services -Equipment		XXXXXXXX				XXXXXXXX
72215 355	Travel		XXXXXXXX				XXXXXXXX
72215 399	Other Contracted Services						
72215 432	Library Books/Media		XXXXXXXX				XXXXXXXX
72215 499	Other Supplies & Materials		XXXXXXXX				XXXXXXXX
72215 524	In-Service/Staff Development		XXXXXXXX				XXXXXXXX
72215 599	Other Charges ( <b>Specify</b> )						
72215 790	Other Equipment		XXXXXXXX				XXXXXXXX
72215	<b>TOTAL EXPENDITURES</b>	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX

Special Education Expenses Only

\*FTE Positions: Full time equivalency – **use two decimals.**Line item substitutions or additions shall NOT be made.

All personnel must be verified with budget allocation. Do not put numbers in XXX blocks.

**ROUND TO NEAREST DOLLAR**

## C. FINANCIAL INFORMATION (Continued)

1. Detailed Expenditure Estimates  
Education for Students with Disabilities

ACCOUNT NO.	EXPENDITURES	GENERAL PURPOSE FUND	*FTE Positions	IDEA PART B	*FTE Positions	PRESCHOOL GRANT	*FTE Positions
	<b>SUPPORT SERVICES (72000)</b>						
	<b>SPECIAL EDUCATION PROGRAM</b>						
72220 105	Supervisor/Director						
72220 117	Career Ladder Program		XXXXXXXX		XXXXXXXX		XXXXXXXX
72220 124	Psychological Personnel						
72220 127	Career Ladder Extended Contracts		XXXXXXXX		XXXXXXXX		XXXXXXXX
72220 135	Assessment Personnel						
72220 161	Secretary(s)						
72220 162	Clerical Personnel						
72220 189	Other Salaries & Wages						
72220 196	In-Service Training		XXXXXXXX		XXXXXXXX		XXXXXXXX
72220 201	Social Security		XXXXXXXX		XXXXXXXX		XXXXXXXX
72220 204	State Retirement		XXXXXXXX		XXXXXXXX		XXXXXXXX
72220 206	Life Insurance		XXXXXXXX		XXXXXXXX		XXXXXXXX
72220 207	Medical Insurance		XXXXXXXX		XXXXXXXX		XXXXXXXX
72220 208	Dental Insurance		XXXXXXXX		XXXXXXXX		XXXXXXXX
72220 210	Unemployment Compensation		XXXXXXXX		XXXXXXXX		XXXXXXXX
72220 212	Employer Medicare		XXXXXXXX		XXXXXXXX		XXXXXXXX
72220 299	Other Fringe Benefits		XXXXXXXX		XXXXXXXX		XXXXXXXX
72220 308	Consultants						
72220 336	Maintenance & Repair Services -Equipment		XXXXXXXX		XXXXXXXX		XXXXXXXX
72220 355	Travel		XXXXXXXX		XXXXXXXX		XXXXXXXX
72220 399	Other Contracted Services						
72220 499	Other Supplies & Materials		XXXXXXXX		XXXXXXXX		XXXXXXXX
72220 524	In-Service/Staff Development		XXXXXXXX		XXXXXXXX		XXXXXXXX
72220 599	Other Charges ( <b>Specify</b> )						
72220 790	Other Equipment		XXXXXXXX		XXXXXXXX		XXXXXXXX
<b>72220</b>	<b>TOTAL EXPENDITURES</b>	<b>0</b>	<b>XXXXXXXX</b>	<b>0</b>	<b>XXXXXXXX</b>	<b>0</b>	<b>XXXXXXXX</b>

Special Education Expenses Only

\*FTE Positions: Full time equivalency – use two decimals.

Line item substitutions or additions shall NOT be made.

All personnel must be verified with budget allocation. Do not put numbers in XXX blocks.

**ROUND TO NEAREST DOLLAR**

## C. FINANCIAL INFORMATION (Continued)

1. Detailed Expenditure Estimates  
Education for Students with Disabilities

ACCOUNT NO.	EXPENDITURES	GENERAL PURPOSE FUND	*FTE Positions	IDEA PART B	FTE Positions	PRESCHOOL GRANT	*FTE Positions
	<b>SUPPORT SERVICES (72000)</b>						
	<b>SCHOOL ADMIN. (72400)</b>						
	<b>OFFICE OF PRINCIPAL (72410)</b>						
72410 104	Principal(s)						
72410 117	Career Ladder Program		XXXXXXXX		XXXXXXXX		XXXXXXXX
72410 119	Accountants/ Bookkeepers						
72410 127	Career Ladder Extended Contracts		XXXXXXXX		XXXXXXXX		XXXXXXXX
72410 139	Assistant Principal(s)						
72410 161	Secretary(s)						
72410 162	Clerical Personnel						
72410 189	Other Salaries & Wages						
72410 196	In-Service Training		XXXXXXXX		XXXXXXXX		XXXXXXXX
72410 201	Social Security		XXXXXXXX		XXXXXXXX		XXXXXXXX
72410 204	State Retirement		XXXXXXXX		XXXXXXXX		XXXXXXXX
72410 206	Life Insurance		XXXXXXXX		XXXXXXXX		XXXXXXXX
72410 207	Medical Insurance		XXXXXXXX		XXXXXXXX		XXXXXXXX
72410 208	Dental Insurance		XXXXXXXX		XXXXXXXX		XXXXXXXX
72410 210	Unemployment Compensation		XXXXXXXX		XXXXXXXX		XXXXXXXX
72410 212	Employer Medicare		XXXXXXXX		XXXXXXXX		XXXXXXXX
72410 299	Other Fringe Benefits		XXXXXXXX		XXXXXXXX		XXXXXXXX
72410 307	Communication		XXXXXXXX		XXXXXXXX		XXXXXXXX
72410 320	Dues & Memberships		XXXXXXXX		XXXXXXXX		XXXXXXXX
72410 336	Maintenance & Repair Services-Equipment		XXXXXXXX		XXXXXXXX		XXXXXXXX
72410 348	Postal Charges		XXXXXXXX		XXXXXXXX		XXXXXXXX
72410 355	Travel		XXXXXXXX		XXXXXXXX		XXXXXXXX
72410 399	Other Contracted Services						
72410 435	Office Supplies		XXXXXXXX		XXXXXXXX		XXXXXXXX
72410 499	Other Supplies & Materials		XXXXXXXX		XXXXXXXX		XXXXXXXX
72410 524	In-Service/Staff Development		XXXXXXXX		XXXXXXXX		XXXXXXXX
72410 599	Other Charges ( <b>Specify</b> )						
72410 701	Administration Equipment		XXXXXXXX		XXXXXXXX		XXXXXXXX
<b>72410</b>	<b>TOTAL EXPENDITURES</b>	<b>0</b>	<b>XXXXXXXX</b>	<b>0</b>	<b>XXXXXXXX</b>	<b>0</b>	<b>XXXXXXXX</b>

Special Education Expenses Only

\*FTE Positions: Full time equivalency – **use two decimals.**Line item substitutions or additions shall NOT be made.

All personnel must be verified with budget allocation. Do not put numbers in XXX blocks.

**ROUND TO NEAREST DOLLAR**

**C. FINANCIAL INFORMATION (continued)****1. Detailed Expenditure Estimates for Education for Students with Disabilities**

ACCOUNT NO.	EXPENDITURES	GENERAL PURPOSE FUND	*FTE Positions	IDEA PART B	*FTE Positions	PRESCHOOL GRANT	*FTE Positions
	<b>SUPPORT SERVICES (72000)</b>						
	<b>TRANSPORTATION (72710)</b>						
72710 105	Supervisor/Director						
72710 142	Mechanic(s)						
72710 146	Bus Drivers						
72710 162	Clerical Personnel						
72710 189	Other Salaries & Wages						
72710 196	In-Service Training						
72710 201	Social Security		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 204	State Retirement		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 206	Life Insurance		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 207	Medical Insurance		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 208	Dental Insurance		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 210	Unemployment Compensation		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 212	Employer Medicare		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 299	Other Fringe Benefits		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 307	Communication		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 311	Contracts with Other School Systems						
72710 312	Contracts with Private Agencies						
72710 313	Contracts with Parents						
72710 314	Contracts with Public Carriers						
72710 315	Contracts with Vehicle Owners						
72710 329	Laundry Service		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 338	Maintenance & Repair Service -Vehicles		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 340	Medical & Dental Services		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 351	Rentals		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 355	Travel		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 399	Other Contracted Services						
72710 412	Diesel Fuel		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 418	Equipment & Machinery Parts		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 424	Garage Supplies		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 425	Gasoline		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 433	Lubricants		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 450	Tires & Tubes		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 453	Vehicle Parts		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 499	Other Supplies & Materials		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 511	Vehicle & Equipment Insurance		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 524	In-Service/Staff Development		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 599	Other Charges (Specify)						
72710 701	Administration Equipment		X X X X X X X X		X X X X X X X X		X X X X X X X X
72710 729	Transportation Equipment		X X X X X X X X		X X X X X X X X		X X X X X X X X
<b>72710</b>	<b>TOTAL EXPENDITURES</b>	<b>0</b>	<b>X X X X X X X X</b>	<b>0</b>	<b>X X X X X X X X</b>	<b>0</b>	<b>X X X X X X X X</b>

Special Education Expenses Only

\*FTE Positions: Full time equivalency – **use two decimals**Line item substitutions or additions shall **NOT** be made.

All personnel must be verified with budget allocation. Do not put numbers in XXX blocks.

**ROUND TO NEAREST DOLLAR**

## C. FINANCIAL INFORMATION (continued)

2. Detailed Expenditure Estimates Summary  
Education for Students with Disabilities

ACCOUNT SERIES	EXPENDITURES	GENERAL PURPOSE FUND	IDEA	PRESCHOOL
71150	Alternative Schools			
71200 & 99100	Special Education Program / Indirect Cost			
72120	Health Services			
72130	Other Student Support			
72215	Alternative Instruction Program			
72220	Special Education Program Staff			
72410	Office of Principal			
72710	Transportation			
<b>TOTAL EXPENDITURES</b>		0	0	0

GENERAL PURPOSE FUND TOTAL SHALL MATCH TOTAL ON PAGE 18 d

## Use of IDEA Funds to Reduce Local Effort

If LEA is going to reduce their level of local expenditures of special education and related services by up to 20 percent of the increase in Federal funds from FY 2004 to FY 2005, please complete the following information:

$$20\% \times \frac{\text{Increase in IDEA funds}}{\text{Amount local effort reduced}} =$$



C. FINANCIAL INFORMATION (continued)  
IDEA ONLY

3. Line Item Justification for the Expenditures of IDEA, Part B Funds\*

ACCOUNT NUMBER	EXPENDITURE (Name of Account Only)	JUSTIFICATION

DUPLICATE FORM AS NEEDED

\*Justifications must be specific and match line items on IDEA budget pages.  
ED – 1811/ Rev 3 – 2004  
Department of Education

**SCHOOL SYSTEM** \_\_\_\_\_

### C. FINANCIAL INFORMATION (continued)

**IDEA ONLY**

### Part B Equipment List\*

\*EQUIPMENT MEANS TANGIBLE PERSONAL PROPERTY HAVING A USEFUL LIFE OF MORE THAN ONE YEAR AND AN ACQUISITION COST OF **\$500.00** OR MORE PER UNIT.

[illegible]

**TOTAL (This page)                      \$**

**DUPLICATE FORM AS NEEDED (COMPUTE GRAND TOTAL MANUALLY)**

**GRAND TOTAL  
EQUIPMENT \$**

**C. FINANCIAL INFORMATION (continued)**  
**PRESCHOOL GRANT ONLY**

**5. Line Item Justification for the Expenditures of Preschool Grant Funds\***

ACCOUNT NUMBER	EXPENDITURE (Name of Account)	JUSTIFICATION

**DUPLICATE FORM AS NEEDED**

\*Justifications must be specific and match line items on PRESCHOOL budget pages.

## 6. **Preschool Grant Equipment List\***

\*EQUIPMENT MEANS TANGIBLE PERSONAL PROPERTY HAVING A USEFUL LIFE OF MORE THAN ONE YEAR **AND** AN ACQUISITION COST OF **\$500.00** OR MORE PER UNIT.

17

**GRAND TOTAL  
EQUIPMENT \$**

**C. FINANCIAL INFORMATION (continued)****7. General Purpose Funds Only  
Non-Supplanting****a. Expenditures for 2001-2002**

1. Amount expended for students with disabilities served  
(Table 9, End of Year Report, 2001- 2002) \$
2. Total unduplicated count of disabled students served  
by the school system (End of Year Report 2001-2002)
3. Per pupil expenditures 2001-2002  
Divide a (1) by a (2) \$

**b. Expenditures for 2002-2003**

1. Amount expended for students with disabilities served  
(Table 9, End of Year Report, 2002- 2003). \$
2. Total unduplicated count of disabled students served  
by the school system (End of Year Report 2002-2003)
3. Per pupil expenditures 2002-2003  
Divide b (1) by b (2) \$

**c. Expenditures for 2003-2004**

1. Actual or projected (**Circle one**) amount expended for  
students with disabilities served (Table 9, End of Year  
Report, 2003 - 2004) \$
2. Total unduplicated count of disabled students served  
by the school system (End of Year Report, 2003-2004)
3. Per pupil actual or projected expenditures 2003-2004  
Divide c (1) by c (2) \$

<b>DOE USE ONLY</b>
\$ <u>                    </u>
<u>                    </u>
\$ <u>                    </u>
<u>                    </u>

**d. Projected Budget for 2004-05**

(Page 13, Total Expenditures General Purpose Funds) \$                     

**NOTE: If d is less than c (1), this is a potential maintenance of effort problem.**

## **PART II**

### **ADDITIONAL INFORMATION AND PRESCHOOL INFORMATION**

#### **TABLE OF CONTENTS**

	<b>PAGE</b>
<b>Planning for Staff Development Activities and Parent Involvement.....</b>	<b>1</b>
<b>Parent Involvement Activities.....</b>	<b>2</b>
<b>Child Find Activities.....</b>	<b>3</b>
<b>Instructions for Early Childhood Transition (Pages 4-6)</b>	<b>i - ii</b>
<b>Programs and Services for Children with Disabilities 3 – 5 Years Old.....</b>	<b>4-6</b>
<b>Class Size Standards for Children with Disabilities Grades K-12 and Inclusion Request...</b>	<b>7</b>

School Year July 1, 2004 – June 30, 2005  
(In-Service, Workshops, Conferences, Institutes, or Seminar Events)

[illegible]

**A** – IEP related; **B** – Reading; **C** – Math; **D** – Other Content Area; **E** – State or Federal Special Ed Information; **G** – Behavior/Classroom Management; **H** – Technology; **I** Other (Explain)

<sup>3</sup> Enter the Need Code (see below) that best describes how the need for this staff development or parent involvement activity was identified.

<sup>4</sup> Enter the anticipated number of parents, special educators, general educators, and paraprofessionals who attended each event. If Other, such as Administrators, please type in.

ED – 1855/ Rev 3 – 2004  
Department of Education

**PARENT INVOLVEMENT  
2004-2005**

	Frequency of Contact	Anticipated Number to Participate/Distribute
Parent Support Groups		
Parent/Professional Committees		
School Improvement Planning Committees		
Transition/Community/Agency Collaboration		
Newsletter		
Other (Specify)		

**SURROGATE PARENT TRAINING**

Date	Training Topic	Anticipated # Participating



LEA: \_\_\_\_\_

**TABLE 8, Section A**  
**CHILD FIND – 3 THROUGH 21**  
**2003-2004 School Year**

**A.** For each Public Awareness activity addressed in the Comprehensive Plan, check the sources that you plan to contact for public awareness activities:

_____ Newsletter(s)	_____ Board Meetings	_____ Pamphlets/Brochures/Flyers
_____ Newspaper(s)	_____ Parent Meetings	_____ Doctors Offices
_____ Radio announcements	_____ Parent Surveys	_____ Bulletin Boards
_____ TV announcements	_____ Other (Specify)	_____ Health Department
_____ Website		_____ Day Care Centers
		_____ Laundromats

**B.** Check the agencies that you anticipate collaborating with public awareness activities.

_____ Churches	_____ Homeless Coordinator
_____ Dept. of Children's Services	_____ Migrant Coordinator
_____ Dept. of Correction	_____ TEIS
_____ Dept. of Human Services	_____ TIPS
_____ ELL	_____ Vocational Rehabilitation
_____ Head Start	_____ Other – Specify
_____ Health Department	_____

**C.** Give an estimated (projected) number of students you anticipate screening by grade level and category.

Category	Grade Level		Screening Instruments
	Public	Private	
Developmental			
Vision			
Hearing			
Speech/Language			
Academic			
Cognitive			
Social/Emotional			
Other – Specify:			

INSTRUCTIONS TABLE 8, SECTION B  
**EARLY CHILDHOOD TRANSITION**

This table should reflect those preschool children who will be transitioning into the school system during the 2004-2005 school year.

Provide estimated (projected) numbers for:

1. Transition meetings to be held with early intervention providers-Give an estimated (projected) count by the age category (2 year olds) for children that you anticipate having a transition meeting.
2. Children with IEPs by third birthday –Give an estimated (projected) count by age category (2,3 years) for children that you anticipate having an IEP either before or on the child’s third birthday during the 2004-2005 school year regardless of the referral source.
  - a. From Early Intervention-Give an estimated (projected) count by age category (2,3 years) for those children that you anticipate (or project) having an IEP on or before the child’s third birthday during the 2004-2005 school year and who will be transitioning from early intervention programs.
  - b. From Child Find-Give an estimated (projected) count by age category (2,3 years) for those children you anticipate (or project) having an IEP on or before the child’s third birthday during the 2004-2005 school year and will not be transitioning from early intervention programs.
  - c. Total: Add the estimated (projected) numbers of children from early intervention (a) and child find (b) to determine total estimated (projected) number of children with IEP by third birthday.
3. Children determined eligible for Special Education Programs/Services- Give an estimated (projected) count by age category (3, 4, 5 year olds) for those children who were in an early intervention programs and that you anticipate will be determined eligible for Special Education Services during the 2004-2005 school year. Do not report children counted in previous year’s reports. These will be new children who will be entering the school system. The child may have been in an early intervention program before 2004, but estimate (project) the number of children whose eligibility for Special Services will be determined during 2004-2005.
4. Children who will come from Early Intervention Programs: Figure percentage based on the estimated (projected) number of children from early intervention programs who will have an IEP (2a) divided by the total estimated (projected) number of children who will have an IEP (2 c).



## INSTRUCTIONS TABLE 8, SECTION B (Continued)

### SERVICE DELIVERY STATUS

This table should reflect those preschool children who are anticipated to be serviced during the 2004-2005 school year (cumulative count). Report the estimated (projected) number of children by the primary disability.

5. Estimated (projected) total number of preschool children with disabilities who will be served in the 2004-2005 school year. Give an estimated (projected) count by the primary disability of the eligible children by age category who are anticipated to be provided full time or part time special education services within the school or through contractual agreement with another school system, a private school, or a public agency.
6. Estimated (projected) number of preschool special education teachers by assignment during 2004-2005: Report the estimated (projected) number of Full Time Equivalency (FTE) personnel who are anticipated to be employed or contracted to provide special education and related services on or about December 1, 2004 according to position assignment. Using two (2) decimal places, report that portion of time that is anticipated to be spent in that specific position.
7. Estimated (projected) number of supporting staff in preschool special education programs, 2004-2005. Report the estimated (projected) number of Full Time Equivalency (FTE) personnel who are anticipated to be employed or contracted to provide special education and related services on or about December 1, 2004 according to position assignment. Using two (2) decimal places, report that portion of time that is anticipated to be spent in that specific position.
8. For each program listed in which a preschool program is available, indicate the estimated (projected) number of children who are anticipated to be receiving special education services and served by the program. Give an estimated (projected) count of the number of children by age category to be served by each program.
9. Indicate the service delivery program to be used in the 2004-2005 SY for children with disabilities. Give an estimated (projected) count of the number of children by age category to be served by each type of program. This estimated (projected) number should match the Grand Total for #5.

## TABLE 8, SECTION B

### EARLY CHILDHOOD TRANSITION

Please provide estimated (projected) numbers for 2003-2004:

	Age 2	Age 3	Age 4	Age 5 *	Total
1. Estimated (projected) number of transition meetings held with early intervention providers					
2. Estimated (projected) number of children with IEP by third birthday:					
a. From Early Intervention					
b. From Child Find					
c. Total (a + b)					
3. The estimated (projected) number of children who had previously been served by early intervention <u>and</u> will be determined eligible for Special Education Services in this reporting year for all children entering the school system. (see note for reporting 5 year olds)					

4. Percent of estimated (projected) number of children who at age 3 (see #2) who will come from Early Intervention Programs: \_\_\_\_\_%

\*Note for reporting 5 year olds. This estimated (projected) number includes those children who are anticipated to be determined eligible and will be placed in Kindergarten, Preschool, and Special Education Services (SES). It does not include speech only, or homebound children.

TABLE 8, SECTION B (continued)  
SERVICE DELIVERY STATUS

5. Estimated (projected) total number of preschool children with disabilities who will be served in 2004-2005 school year.

<b>Disability</b>	Age 3	Age 4	Age 5	Age 6	Over Age 6	Total
Autism						
Deaf-Blindness						
Developmental Delay						
Emotional Disturbance						
Hearing Impairment						
Mental Retardation						
Multiple Disabilities						
Orthopedic Impairments						
Other Health Impairments						
Specific Learning Disabilities						
Speech or Language Impairments						
Traumatic Brain Injury						
Visual Impairments						
Total (Sum of all the above)						

6. Estimated (projected) number of preschool special education teachers by assignment for 2004-2005:

	<b>FTE</b>
Early Childhood Setting	
Home/Itinerant	
Itinerant Service Outside the Home	
PT Early Childhood/PT Early Childhood Special Education	
Reverse Mainstreaming	
Early Childhood Special Education Setting	
Home/Homebound	
Separate School	
Residential Facility	

7. Estimated (projected) number of supporting staff in preschool special education programs, 2004-2005.

	<b>FTE</b>
Teaching Assistants	
Speech and Language Pathologists	
Occupational Therapists	
Certified Occupational Therapists (COTAS)	
Physical Therapists	
Physical Therapists Assistants (PTAs)	
Others (list)	

TABLE 8, SECTION B (continued)

8. For each program listed below in which a preschool program is available, indicate the estimated (projected) total number of special education children to be served by program.

<b>Type or Program</b>	<b>Number of Students Served</b>		
	Age 3	Age 4	Age 5
Preschool programs for 3-5 year olds			
Title 1 Preschool Program			
Head Start (LEA sponsored)			
Head Start (other community agency)			
Preschool programs operated in conjunction with a secondary vocational child care			
Other LEA Preschool Program(s) <b>Specify:</b>			
Other community programs (e.g. private child care or preschool program) <b>Specify:</b>			
Home			

9. For each type of service delivery indicate the estimated (projected) number of special education children by age category.

<b>Type of Service Delivery</b>	<b>Number of Children</b>				
	Age 3	Age 4	Age 5	Age 6	Over Age 6
Early Childhood Setting					
Home/Itinerant					
Itinerant Services Outside the Home					
PT Early Childhood/PT Early Childhood Special Education					
Reverse Mainstreaming					
Home/Homebound					
Separate School					
Residential Facility					
Head Start					
Total					

## INCLUSION OPTION OF SERVICE REQUEST

In an effort to encourage appropriate programs and services for children with disabilities, the Division of Special Education is allowing LEAs to count eligible children who are receiving inclusionary education for special education funding under certain circumstances. They are as follows:

- The services must be provided by a special education teacher or teacher assistant working collaboratively with the regular teacher in the general education setting or in a less restrictive setting (CDC to resource).
- The child is receiving guidance and support that meets his/her unique needs.
- The hours counted may not exceed the range of hours in the option previously counted for the child. (If the child was receiving 15 hours in a resource room setting (Option 5), the maximum that can be counted for funding is 22 hours or Option 5.) This flexibility cannot be used to raise the Options of Services provided to the child for additional moneys.
- If this is an initial placement, the IEP Team would determine the amount of time that a child would participate in an inclusionary setting.
- If your LEA is interested in utilizing this alternate funding option, a description of your systems's inclusionary activities should be inserted here. It should include the school (s), teachers and/or grade levels where inclusion activities will be implemented. If it is being implemented in all the schools, please state that.

**Note:** The Department will review your Staff Development Activities to ensure that training is being provided in order that administrators, teachers and support staff are provided the knowledge base required to implement this type of teaching technique within the regular educational program. The Department will monitor student IEPs to the LEA census for accuracy in reporting and compliance.



**PART III**

**COMPLIANCE ASSURANCES**

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<b>Compliance Assurance for IDEA, Part B.....</b>	<b>3-5</b>

## IDEA ONLY

### IDEA, PART B COMPLIANCE ASSURANCE

(To be completed only when applying  
for expenditures of IDEA, Part B funds)

The applicant hereby assures the State Commissioner of Education that:

1. All assurances given by the agency in the general application for Federal funds apply to IDEA, Part B funds.
2. Children with disabilities served with Part B funds have at least the same average amount spent on them, from sources other than Part B, as do the children in the school system taken as a whole, and Part B funds are only used for the excess costs of providing special education and related services for children with disabilities.
3. Funds provided under Part B will be used to supplement and to the extent practicable, increase the level of state and local funds expended for the education of children with disabilities, and in no case to supplant those state and local funds.
4. Funds under Part B will **not** be used to provide services to children with disabilities unless state and local funds are used to provide services to those children which, taken as a whole, are at least comparable to services provided to other children with disabilities served by the agency.
5. Private school children with disabilities will be offered opportunities to participate in special education and related services carried out with Part B funds. Eligible children placed in private schools by a school system have all of the rights of a child eligible for special education as if the child was enrolled in a local school system. Children who are eligible and unilaterally placed in private schools by parents do not have an individual right to receive some or all of the special education and related services that the child would receive if enrolled in a public school. Each local school system shall give appropriate representatives of private schools with children eligible for special education a genuine opportunity to express their views regarding, 1) which children will receive services, 2) what services will be provided, 3) how and where the services will be provided, and 4) how the services provided will be evaluated.

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Signature of Director of Schools

---

Date

## **PRESCHOOL ONLY**

### **PRESCHOOL GRANT COMPLIANCE ASSURANCES**

(To be completed only when applying for  
expenditures of Preschool Grant Funds)

The applicant hereby assures the State Commissioner of Education that:

1. All assurances given by the school system in the general application for Federal funds apply to Preschool Grant funds.
2. Children with disabilities served with Preschool Grant funds have at least the same average amount spent on them from sources other than Federal funds as do children of a comparable grade level in the school system taken as a whole. Preschool Grant funds are only used for the excess costs of providing special education and related services for children with disabilities in this age group.
3. Funds under the Preschool Grant will not be used to provide services to children with disabilities ages 3-5 unless local funds are used to provide services to those children, which taken as a whole, are at least comparable to services provided to other children with disabilities served by the agency.

---

Signature of Director of Schools

---

Date

## **COMPLIANCE ASSURANCES**

The applicant hereby certifies to the Commissioner of Education that the representation made in this plan properly reflects the projected pupils, personnel, and expenditures to be incurred in the operation of the special education program for pupils with disabilities conducted within the school system, that the expenditures for services and goods will be made exclusively for the benefit of pupils which meet the eligibility criteria established by the Department of Education, and that personnel assignments and other documentation of expenses will be readily available for audit. All records necessary to ensure the correctness of the information provided by the agency will be kept five years beyond the final reporting date and access to such records will be provided the State Department of Education.

The agency further assures that:

1. Special Education and Related Services will be provided in compliance with the established Tennessee Rules, Regulations and Minimum Standards.
2. All children with disabilities, ages 3 through 21, residing within the jurisdiction of the local school district, including children with disabilities attending private schools, regardless of the severity of the disability, and who are in need of special education and related services, will be provided a free appropriate public education (FAPE), including the identification, location and evaluation of those children.
3. A full educational opportunity goal for this system will be provided to all children with disabilities, ages birth through 21, to include participation of and consultation with parents or guardians of children with disabilities by the year 2020.
4. All children with disabilities will be reported to the State annually through federal and state census information. This information includes the number of children with disabilities within each disability category who are served in each type of placement and the type of alternative placements available for children with disabilities.
5. A comprehensive system of personnel development will be provided for the training of regular, special education and related services, and leadership personnel to enable these personnel to meet the needs of children with disabilities. This training is based on identified needs as reflected in your School Improvement Plan and your End of Year Report. This area will be verified through monitoring.
6. Special education, related services, and program supervision will be provided by qualified personnel.
7. Before any action is taken with respect to the initial placement of a child in a special education program, a comprehensive individual evaluation and eligibility determination of the child will be conducted.

8. An Individualized Education Program Team (IEP-Team) will be responsible for making educational decisions regarding all children with disabilities eligible for special education services.
9. An Individualized Education Program (IEP) for each child with a disability will be reviewed and if appropriate, revised at least annually.
10. According to Rule 0520-1-9-14(6)(a), procedures for providing an independent education evaluation (IEE) upon parental request has been submitted and approved to the Department of Education. Any future revision to the IEE procedure will be submitted to the department for approval.
11. A continuum of alternative placements is available in this school system to meet the needs of children with disabilities.
12. All eligible children will be provided appropriate special education and related services which enable them to participate and progress in general education programs.
13. Procedural safeguards consistent with State and Federal regulations are established and implemented.
14. Facilities provided are accessible for children with disabilities and comparable to facilities for children without disabilities.
15. Special transportation will be provided for children with disabilities when needed and documented in the IEP.
16. The general application submitted for participation in an applicable program under which Federal funds are made available sets forth assurances that:
  - a. the Local Educational Agency will administer each program covered by the application in accordance with all applicable Federal and State statutes, regulations, program plans and applications;
  - b. the control of funds provided to the Local Educational Agency under each program and title to property acquired with those funds, will be in a public agency and that a public agency will administer those funds and property;
  - c. the Local Educational Agency will use fiscal control and fund accounting procedures that will ensure proper disbursement of, and accounting for, Federal funds paid to that agency under each program;
  - d. the Local Educational Agency will make reports to the State Agency or Board and to the Commissioner as may reasonably be necessary to enable the State Agency or Board and the Commissioner to perform their duties. The Local Educational Agency will also maintain such records, including the records that the State Agency or Board or the

Commissioner deem necessary to perform their duties;

- e. the Local Educational Agency will provide reasonable opportunities for the participation by teachers, parents, and other interested agencies, organizations, and individuals in the planning for and operation of each program;
- f. any application, evaluation, periodic program plan or report relating to each program will be made readily available to parents and other members of the general public;
- g. in the case of any project involving construction--
  - (i) the project is not inconsistent with overall State plans for the construction of school facilities, and
  - (ii) in developing plans for construction, due consideration will be given to excellence of architecture and design and to compliance with standards prescribed by the Secretary under Section 504 of the Rehabilitation Act of 1973 in order to ensure that facilities constructed with the use of Federal funds are accessible to and usable by individuals with disabilities;
- h. the local educational agency has adopted effective procedures for acquiring and disseminating to teachers and administrators participating in each program, significant information from educational research, demonstrations, and similar projects, and for adopting, where appropriate, promising educational practices developed through such projects; and
- i. none of the funds expended under any applicable program will be used to acquire equipment (including computer software) in any instance in which such acquisition results in a direct financial benefit to any organization representing the interests of the purchasing entity or its employees or any affiliate of such an organization.
- j. According to TCA 9-1-104 (a) & (b) *Maximum class size*, our LEA case load and class size standards have been submitted and approved by the Department. There have been no changes since the original submission. (The State will review LEA caseload and class size standards for compliance.) Any future LEA updates or revisions must be submitted to the Division of Special Education for approval and for reference purposes.

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Signature of Director of Schools

---

Date

**PART IV**

**Comprehensive Plan Checklist**

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**Comprehensive Plan for Providing  
Special Education Services  
Checklist**

**Part 1 – Statistical Information**

**Page 1 -Cover Page**

LEA SEA

- ☐ ☐ ALL items in box labeled “To be Completed by Local School System” have been answered.
- ☐ ☐ The Director of Schools has signed and dated the plan.

Comments:

**Page 2 – *Children with Disabilities to Receive FAPE Services from the School System***

- ☐ ☐ Boxes in Column 1 are completed appropriately by primary disability, by age span and are totaled correctly at bottom of page. (May be based on end of year report if numbers are relatively stable.)
- ☐ ☐ For Column 2 include any students served full-time by contractual agreement. The LEA must submit a contract for any full-time Special Education placements to be approved by the Commissioner within 30 days of initiation of the contract. Totals are correct at bottom of column.
- ☐ ☐ Totals in Column 3 are correct for each grade span and at bottom of page.
- ☐ ☐ The total 3 – 5 year olds to receive FAPE is the same or less than the total number by option and disability given on page 3.
- ☐ ☐ The total 6 – 21 year olds to receive FAPE is the same or less than the total number by option and disability given on page 4.
- ☐ ☐ Columns 4 – 6b are filled out as appropriate and totaled correctly.
- ☐ ☐ Grand total is correct.

Comments: *The numbers on this page represent an unduplicated count (head count) of students.*

**Page 3 – *Options to be Provided (Ages 3-5)***

- ☐ ☐ Name of School System is given at top of page.
- ☐ ☐ Indicate number of children served by disability and option. This is a duplicated count and should reflect both primary and one secondary option of service.
- ☐ ☐ Totals are correct by options and by disabilities.
- ☐ ☐ The total by option and disability either equals the total of Column 3 on Page 2 for 3-5 year olds or is no more than double that number.
- ☐ ☐ Check total number given for Option 6. For each option 6 student there is at least ½ FTE of an education assistant or interpreter position budgeted in general purpose funds.

Comments: *The LEA is strongly encouraged to use the End of Year Report. This is a duplicated count (service count) of students served.*



#### **Page 4 – Options to be Provided (Ages 6-21)**

LEA SEA

- ☐ ☐ Name of School System is given at top of each page.
- ☐ ☐ Indicate number of children served by disability and option. This is a duplicated count and should reflect both primary and one secondary option of service.
- ☐ ☐ Totals are correct by options and by disabilities.
- ☐ ☐ The total by option and disability either equals the total of Column 3 on Page 3 for 6-21 year olds or is no more than double that number.
- ☐ ☐ Check total number given for Option 6. For each option 6 student there is at least ½ FTE of an education assistant or interpreter position budgeted in general purpose funds.

Comments: *The LEA is strongly encouraged to use the End of Year Report. This is a duplicated count (service count) of students served.*

#### **Pages 5-12 – Detailed Expenditure Estimates**

- ☐ ☐ Name of School System is given at top of page.
- ☐ ☐ Total expenditures for each budget (General Purpose, IDEA Part B, & Preschool) are calculated correctly.
- ☐ ☐ The correct indirect cost rate has been used and indirect cost has been calculated correctly. Equipment has been subtracted before figuring indirect cost. (For both Part B and Preschool budgets)
- ☐ ☐ FTE positions are given for appropriate account numbers.
- ☐ ☐ Check the total number given for Option 6 on pages 3 and 4. For each option 6 student there is a least ½ FTE of an education assistant or interpreter position budgeted in general purpose funds.
- ☐ ☐ If equipment is being purchased with Part B or Preschool funds, there is a corresponding equipment page.
- ☐ ☐ All amounts are rounded to the nearest dollar.
- ☐ ☐ Check contracted services amount against page 2, Column 2. If contracted services are paid from the general purpose budget, the LEA may be eligible for partial reimbursement.
- ☐ ☐ Total allocations for both Part B and Preschool have been budgeted.
- ☐ ☐ Any budget code with the description “Other Charges” must be detailed in the plan.

Comments: *Budget code substitutions or additions cannot be made in the budget.*

*It is recommended that the LEA try to keep Special Education expenditures within the 71200 and 72200 budget series*

*Calculation for indirect cost: Total Allocation – Any Equipment = Allocation (less equipment) / Indirect Cost Rate (1.00\_\_ or 1.0\_\_ \_\_) X Indirect Cost % = Maximum Indirect Cost (See sample attached)*

**Page 13 – Detailed Expenditure Estimates Summary**

- ☐ ☐ Name of LEA is given at top of page.
- ☐ ☐ Budgeted amounts for each account series and fund types have been transferred correctly from corresponding budget pages.
- ☐ ☐ Calculations for each fund type (General Purpose, Idea Part B, and Preschool) are correct.
- ☐ ☐ Total expenditures for general purpose funds match total on page 18, item d.
- ☐ ☐ If the LEA is going to reduce their level of local expenditures of special education services, the information at bottom of page is filled in and computed correctly.

Comments:

**Page 14– Line Item Justification for the Expenditures of IDEA, Part B Funds**

- ☐ ☐ There is a justification for each budgeted account number under the Part B funds.
- ☐ ☐ Account numbers and description of expenditures (complete account name) match the budget.

Comments: *Do not include numbers of personnel in the budget justifications—the appropriate numbers have already been included on the budget pages.*

**Page 15 – Equipment List (IDEA only)**

- ☐ ☐ Name of School System is listed at top of page.
- ☐ ☐ Any equipment budgeted under IDEA Part B is accounted for on this page.
- ☐ ☐ Budget codes are correct.
- ☐ ☐ Description is appropriate for definition of equipment.
- ☐ ☐ Quantity, Unit Cost, and Total Cost are correct. (*Unit cost is \$500 or more; see comments below*).
- ☐ ☐ Justification is given for each item purchased and is appropriate for the account under which equipment is budgeted. Justification is tied to the child's IEP or needs.
- ☐ ☐ Total for page is correct.
- ☐ ☐ If more than one page is needed, grand total of equipment is correct.

Comments: *Equipment means tangible personal property having a useful life of more than one year AND an acquisition cost of \$500 or more per unit.*

*Equipment must be kept on inventory. For equipment that is lost, stolen, or no longer useable, a letter of disposition must be submitted to the Assistant Commissioner of Special Education.*

***Materials are not to be included on this page.***

**Page 16 – Line Item Justification for the Expenditures of Preschool Grant Funds**

- ☐ ☐ There is a justification for each budgeted account number under the Preschool funds.
- ☐ ☐ Account numbers and description of expenditures (complete account name) match the budget.

Comments: *Do not include numbers of personnel in the budget justifications--the appropriate numbers have already been included on the budget pages.*

**Page 17 – Equipment List (Preschool Grant only)**

- ☐ ☐ Name of School System is listed at top of page.
- ☐ ☐ Any equipment budgeted under Preschool is accounted for on this page.
- ☐ ☐ Budget codes are correct.
- ☐ ☐ Description is appropriate for definition of equipment.
- ☐ ☐ Quantity, Unit Cost, and Total Cost are correct.
- ☐ ☐ Justification is given for each item purchased and is appropriate for the account under which equipment is budgeted.
- ☐ ☐ Total for page is correct.
- ☐ ☐ If more than one page is needed, grand total of equipment is correct.

Comments: *See comments for page 15 above.*

**Page 18 – Non-Supplanting**

LEA SEA

- ☐ ☐ Name of School System is listed at top of page.
- ☐ ☐ Expenditures for items a and b have been cross-checked with the previous year's comprehensive plan and match those figures.
- ☐ ☐ Item c (1), either actual or projected is circled.
- ☐ ☐ If actual figures used, amounts are transferred from Table 9 correctly.
- ☐ ☐ The total unduplicated count of disabled students served agrees with the June End of Year Report.
- ☐ ☐ Division is correct.
- ☐ ☐ If the LEA is not expending more money (total or per pupil) in item c than in item b, a letter must be included with justifications and specific expenditure amounts that equal or exceed the difference.
- ☐ ☐ Item d—the amount of total expenditures from general purpose funds has been accurately transferred from page 13.
- ☐ ☐ Amount given in item d is greater than amount given in Item c(1). If no, LEA is notified of potential maintenance of effort problem.

Comments:

**Part II – Additional Information and Preschool Information ?????????HOLD FOR CHANGES??**

**Page 1 – Planning for Staff Development Activities and Parent Involvement**

- ☐ ☐ Name of School System is listed at top of page.
- ☐ ☐ Staff development and parent involvement activities are listed by “date” and “title/topic”.
- ☐ ☐ The “Training Code” is given for each activity.
- ☐ ☐ Each event is linked with the School Improvement Plan (SIP), the Program Improvement Plan (PIP), CIMP (Continuous Improvement Monitoring Process) or the “Need” through which staff development activities were determined.
- ☐ ☐ Anticipated number of attendees by audience type for each event is given.
- ☐ ☐ Approximate results of each training and follow-up plans are given.

Comments: *Parents should be involved in training activities whenever possible and applicable.*

**Page 2 – Parent Involvement Activities**

- ☐ ☐ For each area where the LEA is providing parent involvement activities, the frequency of contact with each group and the number of participants or estimated numbers to be distributed (newsletters, pamphlets, etc.) is given. All areas/activities should be addressed.
- ☐ ☐ For each surrogate parent training planned, the date, topic, and estimated number of participants is given.

Comments:

**Page 3 – Child Find Activities**

- ☐ ☐ The LEA has checked all areas identifying public awareness activities to be utilized for child find. If “other” is checked, an explanation is given.
- ☐ ☐ The LEA has checked all agencies where plans have been made to collaborate for child find. If “other” is checked, an explanation is given.
- ☐ ☐ For each grade level and category, the LEA has listed the projected number of students to be screened and the screening instruments to be administered.

Comments:

**Page 4 – Transition From Early Intervention Programs**

- ☐ ☐ LEA has given estimates in each column to assure that activities and/or resources are used to prevent an interruption in the provision of services.
- ☐ ☐ Item A has been answered with either a Yes or No.
- ☐ ☐ A percentage has been given for Item B.

Comments:

**Page 5 – Service Delivery Status**

- ☐ ☐ Projected number of preschool children with disabilities has been given for each age group shown and totals are correct.
- ☐ ☐ Grand Total is correct and agrees with number given on Part I, Page 2, Column 3 for age 3-5 year olds.
- ☐ ☐ Items b – d are completed appropriately.

Comments: *See attached definitions of Preschool Settings Categories as defined by OSEP for data collection purposes*

**Page 6 – Service Delivery Status, Continued**

- ☐ ☐ Table e, Column 1 is completed indicating regular preschool programs available within the LEA.
- ☐ ☐ Table e, Column 2 is completed indicating whether or not children with disabilities are served or may be served in these programs.
- ☐ ☐ Where “Other” programs are listed, the LEA has specified what those programs are.
- ☐ ☐ Table f, Column 1 is completed indicating type of service deliveries to be used for children with disabilities.
- ☐ ☐ Table f, Column 2 is completed giving numbers of children in each program.
- ☐ ☐ Total for Column 2 agrees with Part I, Page 2, Column 3 for age 3-5 year olds.

Comments: *See attached definitions of Preschool Settings Categories as defined by OSEP for data collection purposes.*

**Page 7 – Inclusion of Special Education Children within the Regular Classroom**

- ☐ ☐ If applicable, a description of the system’s inclusionary activities is included along with the names of school(s), teachers, and/or grade levels where these activities are implemented. (If included in all schools, this is stated.)

### **Part III –Compliance Assurances**

#### **Page 1 – *Compliance Assurance for IDEA, Part B Grant Funds***

LEA SEA

☐ ☐ Signed and dated by the Director of Schools if the LEA is applying for Part B funds.

#### **Page 2 – *Compliance Assurances for Preschool Grant funds***

☐ ☐ Signed and dated by the Director of Schools if the LEA is applying for Preschool funds.

#### **Pages 3 & 4 – *Compliance Assurances for IDEA, Part B***

☐ ☐ Pages are included.

#### **Page 5 – *Compliance Assurances for IDEA, Part B, Continued***

☐ ☐ Signed and dated by Director of Schools.



Calculation of  
**Indirect Cost (Restricted Rate)**

$$\frac{\text{Total IDEA Allocation}}{\text{Any Equipment}} = \frac{\text{Allocation (less Equip.)}}{\frac{1.00\_\_}{1.0\_\_\_} \text{ Ind. Cost}} \times \text{Ind. Cost \%} = \text{Max. Indirect Cost}$$

$$\frac{\text{Total PS Allocation}}{\text{Any Equipment}} = \frac{\text{Allocation (less Equip.)}}{\frac{1.00\_\_}{1.0\_\_\_} \text{ Ind. Cost}} \times \text{Inc. Cost \%} = \text{Max. Indirect Cost}$$

SAMPLE:

System: Tennessee City Schools

Indirect Cost Rate: 1.23%

$$\frac{8,605,566}{\text{Total IDEA Allocation}} - \frac{15,000}{\text{Equipment}} = \frac{8,590,566}{\text{Allocation (less Equip.)}} \div \frac{1.0123}{\text{Ind. Cost}} = 8,486,185.91 \times \frac{1.23\%}{\text{Ind. Cost \%}} = \frac{104,380.09}{\text{Max. Ind. Cost}}$$

System: Volunteer County Schools

Indirect Cost Rate: 0.81%

$$\frac{74,152}{\text{Total PS Allocation}} - \frac{0}{\text{Equipment}} = \frac{74,152}{\text{Allocation (less Equip.)}} \div \frac{1.0081}{\text{Ind. Cost}} = 73,556.19 \times \frac{.81\%}{\text{Ind. Cost \%}} = \frac{595.81}{\text{Max. Ind. Cost}}$$



## Definitions of Preschool Settings Categories

**These categories are defined for OSEP data collection purposes and are not regulatory.**

<i>Category</i>	<b>OSEP Definition</b>	<b>Suggestions for Setting Continuum – Least Restrictive (1) to Most Restrictive (8)</b>
Early Childhood Setting	(Unduplicated totals) Preschoolers receive all of their special education and related services in educational programs designed primarily for children without disabilities. <u>No</u> education or related services are provided in separate special education settings. This may include, but is not limited to: regular kindergarten classes, public or private preschools, Head Start Centers, child care facilities, preschool classes offered to an eligible pre-kindergarten population by the public school system, home/early childhood combinations, home/Head Start combinations, and other combinations of early childhood settings.	<b>1</b>  (The first two categories are felt to be of equal status)
Home/ Itinerant	(Unduplicated totals) Preschoolers receive all of their special education and related services in the principal residence of the child’s family or caregiver.	<b>1</b>
Itinerant Services Outside the Home (optional)	(Unduplicated totals) Preschoolers receive all of their special education and related services at a school, hospital facility on an outpatient basis, or other location for a short period of time (i.e., no more than 3 hours per week). These services may be provided individually or to a small group of children. This may include, but is not limited to speech instruction up to 3 hours per week in a school, hospital, or other community-based setting.	<b>2</b>
Part Time EC /Part Time ECSE Setting	<p>(Unduplicated totals) Preschoolers receive services in multiple settings, such that :</p> <ol style="list-style-type: none"> <li>1. General and/or special education and related services (as specified in the IEP) are provided at home or in educational programs designed primarily for children <u>without</u> disabilities, <u>and</u></li> <li>2. Special education and related services are provided in programs designed <u>primarily for children with disabilities</u>.</li> </ol> <p>This option reflects delivery of services in a <u>combination of settings</u>. This includes, but is not limited to: home/early childhood special education combinations; Head Start, child care, nursery school facilities, hospital facilities on an outpatient basis, or other community-based settings with special education provided outside of the regular class; regular kindergarten classes with special education provided outside of the regular class; separate school/early childhood combinations; and residential facility/early childhood combinations.</p>	<b>3</b>

Category	OSEP Definition	Suggestions for Setting Continuum – Least Restrictive (1) to Most Restrictive (8)
Reverse Mainstream Setting (optional)	Preschoolers receive all of their special education and related services in educational programs designed for children with disabilities but that includes up to 50 percent or more children without disabilities.	<b>4</b> (debatable as to 4 or 5)
Early Childhood SE Setting <i>(May have access/proximity to interaction with typically developing peers at this site)</i>	(Unduplicated totals) Preschoolers receive all of their special education and related services in educational programs designed primarily for children with disabilities housed in regular school buildings or other community-based settings. No education or related services are provided in early childhood settings. This may include, but is not limited to: special education classrooms in regular school buildings; special education classrooms in child care facilities, hospital facilities, on an outpatient basis, or other community-based settings; and special education classrooms in trailers or portables outside regular school buildings.	<b>5</b>
<u>Home/Homebound</u>	(Unduplicated totals) Preschoolers receive all of their special education and related services in the principal residence of the child’s family or caregiver – cannot be educated in other settings due to extreme circumstances.	<b>6</b>
Separate School <i>(No access to typically developing peers on site)</i>	(Unduplicated totals) Preschoolers receive all of their special education and related services in educational programs in public or private day schools specifically designed for children with disabilities.	<b>7</b>
Residential Facility	(Unduplicated totals) Preschoolers receive all of their special education and related services in publicly or privately operated residential schools or residential medical facilities on an inpatient basis.	<b>8</b>